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June 17, 2002

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Art Unit 1644

Commissioner for Patents  
Washington, D.C. 20231

Re: U.S. Utility Patent Application  
Appl. No. 09/583,200; Filed: May 30, 2000  
For: **HLA Class I A2 Tumor Associated Antigen Peptides And  
Vaccine Compositions**  
Inventors: FIKES *et al.*  
Our Ref: 2060.0150002/EKS/HCC

Sir:

Transmitted herewith for appropriate action are the following documents:

1. Fee Transmittal Form (PTO/SB/17);
2. Petition For Extension of Time Under 37 C.F.R. § 1.136(a)(1);
3. A copy of the Notice To Comply With Requirements For Patent Applications Containing Nucleotide Sequence And/Or Amino Acid Sequence Disclosures;
4. Amendment and Submission of Substitute Sequence Listing Under 37 C.F.R. § 1.825(a);
5. A computer readable copy of the sequence listing;
6. 13 pages of a paper copy of a sequence listing;
7. Substitute page 78 of the specification;
8. Our check no. 35548 for \$110.00 to cover the one month extension of time fee; and

Commissioner for Patents  
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9. One return postcard.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Helene C. Carlson  
Agent for Applicants  
Registration No. 47,473

EKS/HCC/eaf  
Enclosures  
SKGF\_DC1:25397.1



# FEET TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$110.00)

		Complete if Known			
Application Number		09/583,200			
Filing Date		May 30, 2000			
First Named Inventor		FIKES et al.			
Examiner Name		Ronald B. SCHWADRON			
Group Art Unit		1644			
Attorney Docket No.		2060.0150002/EKS/HCC			

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)									
1. <input type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:										
Deposit Account Number	19-0036										
Deposit Account Name	Sterne, Kessler, Goldstein & Fox P.L.L.C.										
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17											
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27											
2. <input checked="" type="checkbox"/> Payment Enclosed:											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other*											
*Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.											
FEE CALCULATION											
I. BASIC FILING FEE											
Large Entity Fee Code (\$)	Entity Fee	Small Entity Fee Code (\$)	Fee Description	Fee Paid							
101	740	201	370	Utility filing fee							
106	330	206	165	Design filing fee							
107	510	207	255	Plant filing fee							
108	740	208	370	Reissue filing fee							
114	160	214	80	Provisional filing fee							
SUBTOTAL (1) (\$0)											
2. EXTRA CLAIM FEES											
Extra	Fee from below	Fee Paid									
Total Claims	- 20**	=	X								
Indep. Claims	- 3**	=	X								
Multiple Dependent		=									
Large Entity Fee Code (\$)	Entity Fee	Small Entity Fee Code (\$)	Fee Description								
103	18	203	9	Claims in excess of 20							
102	84	202	42	Independent claims in excess of 3							
104	280	204	140	Multiple dependent claim							
108	84	209	42	**Reissue independent claims over original patent							
110	18	210	9	**Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2) (\$0)											
** or number previously paid, if greater. For Reissues, see above											
Other fee (specify):											
Other fee (specify):											
*Reduced by Basic Filing Fee Paid											
SUBTOTAL (3) (\$110.00)											
SUBMITTED BY											
Name (Print/Type)	Helene C. Carlson	Registration No. (Attorney/Agent)	47,473	Telephone	202-371-2600	Complete (if applicable)					
Signature	Helene Carlson			Date	June 17, 2002						

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.  
SKGF Rev. 6/11/02 minac

#25366v1&lt;SKGF\_DC1&gt;-2060-0150002-fee trans for sequence listing filing.wpdSKGF\_DC1:25366

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